

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-JUL-2016		TIME 05:57:00		2. ADDRESS OF OCCURRENCE 1319 S SAWYER AVE CHICAGO, IL 60623		3. LOCATION CODE 330		4. BEAT/SECTOR 1022		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN CAR CAMER <input type="checkbox"/> 03 OTHER REP VIDEO													
MEMBER INVOLVED	5. POSITION 9122		6. LAST NAME WARDEN		7. FIRST NAME RONALD A		8. STAR NO.		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE 1959		12. HT. 508		13. WT. 235						
	14. DATE OF APPT. 16-DEC-2011		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 171		17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
SUBJECT INFORMATION	20. LAST NAME METCALF		21. FIRST NAME DERRICK		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 1984		26. HT. 509		27. WT. 170								
	28. ADDRESS 9318 S ESSEX AVE CHICAGO, IL 60617				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY)		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	32a. IE SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL																		
	34. BY WHOM? DR FERGUSON				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																		
36. CHARGES PLACED 720 ILCS 5.0/18-2-A-2																		37. CS NO. 19347055		IR NO.		<input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE														
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>														
SUBJECT'S ACTIONS	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>														
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____														
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>														
	VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____														
MEMBER'S RESPONSE	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER _____														
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____														
MEMBER'S RESPONSE	ARM BAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____														
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____														
MEMBER'S RESPONSE	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____														
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____														
MEMBER'S RESPONSE	LEAD WITH AUTHORIZATION <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____														
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____														
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO.		UNIT NO.		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR OBTAIN AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				40c. DID THE DISCHARGE RESULT IN A SELE-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member														
	41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR														
	45. MAKE/MANUFACTURER GLOCK, GFC-AU-				46. MODEL 27		47. BARREL LENGTH 3.5		48. CALIBER/GAUGE 40 S&W														
	49. TASER PART ID NO.				50. WEAPON SERIAL NO. (Include Letters) XDH425		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO. 3451460		53. HANDGUN CERTIFICATE NO.												
	54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED 40 S & W		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 4												
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN? <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)														
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)																
	69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION				70. ADDITIONAL INFORMATION SUBJECT BRANDISHED A FIREARM IN AN ATTEMPT																		

ARMED ROBBERY

CCL #1434581460-(EXP 06 JUN 19)

CL-1081577

U-1613

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE			70. EVENT NO. 1620702972
	NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC			
NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC				71. Rpt. NO. HZ363168
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				
40. ADDITIONAL INFORMATION				
SUBJECT BRANDISHED A FIREARM IN AN ATTEMPTED ARMED ROBBERY CCL #1434581460-(EXP 06 JUN 19)				
SIGNATURES	73. REPORTING MEMBER (Print Name) WARDEN, RONALD A		STAR/EMPLOYEE NO. 22739	SIGNATURE [REDACTED]
	25-JUL-2016 14:03:29			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
74. REVIEWING SUPERVISOR (Print Name) CHAMBERS, KEVIN M		STAR NO. 9	SIGNATURE [REDACTED]	DATE REVIEWED TIME 25-JUL-2016 14:04:22

Additional discharged weapons:

CL-1081577
U-1613

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPON'S DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

in hospital

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

Involved Department member is NOT a sworn officer. He is employed as a civilian detention aid. Based on the information provided to me, the undersigned feels this investigation should continue, and the final determination will be made by the Cook County State's Attorney. As noted the involved was NOT acting a sworn law enforcement officer, but as a private citizen, with a valid concealed carry permit and FOID card. At the time of this report and given the information provided to me, it appears that his actions were lawful. Final determination to be made by Area Detectives and the assigned State's Attorney.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☐ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN 603-02-05

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. 1088577 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

☐ IS IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

RYAN, KEVIN P

80.

TRR

OF

TRR(S)

81. TOTAL TRR'S THIS EVENT No.

1

SIGNATURE

DATE COMPLETED

TIME

25-JUL-2016 16:07:12